UNIVERSITY OF GONDAR

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Assessment of risky sexual practice and associated factors among Human Immuno-deficiency Virus positive adults visiting Anti Retro-viral treatment clinics in public hospitals in Addis Ababa city, Ethiopia.

Prepared by: Wondimagegne Belay (Bsc)

Advisor: Abebaw Addis (Bsc, MPH/RH)

A THESIS SUBMITED TO SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF GONDAR, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER'S IN GENERAL PUBLIC HEALTH.

June, 2017

Acknowledgment

I would first and foremost like to thank God for being on my side throughout my life. I would like to express my special thanks to my advisor, Mr. Abebaw Addis for his friendly support and valuable comments throughout the thesis work starting from proposal development. I would also like to thank University of Gondar and ACIPH for every effort they exerted during the study of MPH program.

I would like to extend my deepest gratitude also to Mr.Wondifraw T/Michael, Mr. Wondimu G/Kiros and Mr. Yalemzewd Assefa for their friendly advice, effort and great support for the redemption of my professional career. I would also like to extend my gratitude to Addis Ababa health bureau ethical review committee and nurses who are working at ART clinics of hospitals from which data were collected. My heartfelt thanks also go to study participants who spent their precious time in responding to the study. Last but not least, I would like to thank families and friends who have contributed directly or indirectly to the successful completion of this thesis development.

Table of contents

Acknowledgment i

Table of contents ii

List of tables iv

List of figures v

Acronyms vi

Abstract vii

1-Introduction 1

1.1-Statement of the problem 1

1.2-Literature review 2

1.2.1-Prevalence of risky sexual behavior 2

1.2.2-Factors associated with risky sexual behavior 2

1.3-Justification 6

2 .Objectives 7

3. Methods 8

3.1 Study design and period 8

3.2 Study area/setting 8

3.3 Source population 8

3.4 Study population 8

3.5 Study variables 9

3.6 Sample Size and sampling procedure 11

3.7 Data collection tool and procedure 13

3.8 Data quality control 13

3.9 Data management and analysis 13

4. Ethical considerations 14

5. Results 15
5.1 Socio-demographic characteristics 15
5.2. Prevalence of Risky sexual practice 17
5.3 Factors associated with risky sexual practice 20
6-Discussion 23
7-Limitations of the Study 25
8-Conclusion 26
9-Recommendations 27
10-Reference 28
11-Annex 29
11.1-Information sheet in English 29
11.2-Consent form in English 31
11.3- Information shhet in Amharic 32
11.4-Consent form in Amharic 35
11.5-Questioner in English 36
11.6-Questioner in Amharic 44
12-Declaration 53

List of tables

Table 1: Socio demographic characteristics of respondents; visited ART clinics in Public hospitals in Addis Ababa, 2017 15

Table 2: Partner related characteristics, partners HIV status and disclosure among HIV positive adults visited ART clinics in Addis Ababa public hospitals, 2017 17

Table 3:Bivariate and multivariate analysis for risky sexual practice for participants who visited ART clinics of Addis Ababa public hospitals, 2017..... 20

List of figures

Figure 1: Conceptual frame work for factors related to risky sexual behavior..... 5

Figure 2:Schematic presentation of sampling procedure..... 12

Figure 3: Frequency of different types of risky sexual practices among respondents who had risky sexual practices and attending ART clinic at public hospitals of Addis Ababa city, Ethiopia, 2017..... 19

Acronyms

AAU	Addis Ababa University
ACIPH	Addis Continental Institute of Public Health
AIDS	Acquired Immuno Deficiency Virus
ANC	Ante Natal Care
AOR	Adjusted Odds Ratio
ART	Anti Retro-viral Treatment
Bsc	Bachelor of Science
CD_4	Cell Differentiation 4
CI	Confidence Interval
HAART	Highly Active Anti Retro-viral Therapy
HIV	Human Immuno-deficiency Virus
NGO	Non Governmental Organization
OR	Odds Ratio
PLHIV	People Living with Human Immuno-deficiency Virus
STD	Sexually Transmitted Diseases
USA	United States of America

Abstract

Background: Sexual behavior of human immuno-deficiency virus positive individuals visiting ante retro-viral clinics is a neglected issue. Following some improvement in their health condition, most of them are engaging in sexual practices. Unless their sexual practice is safe, they not only expose others to the virus but also will acquire another strain of the virus.

Objective: This study aimed at assessing risky sexual practice and associated factors among Human Immuno-deficiency Virus positive adults visiting anti retro-viral treatment clinics in public hospitals in Addis Ababa city, Ethiopia.

Method: An institution based cross sectional study was conducted at Addis Ababa public hospitals from January to February, 2017. A pretested structured questionnaire was used to collect the data. Using systematic random sampling technique, a total of 562 respondents were participated in this study. The data were entered into EPI info version 3.5.3 and transferred to SPSS version 20 for analysis. Descriptive, bivariate and multivariable analyses were done. A p-value <0.05 was considered to determine the statistical significance of the association between factors (independent variables) and risky sexual practice. The Odds ratio was also used to determine the presence and the degree of association between the dependent and independent variables.

Results: A total of 562 respondents were participated in this study. This study revealed that the prevalence of risky sexual practice was 39.1% (95% CI: 35.2, 43.8) three months prior to data collection period. Educational status for participants who attended grad less than eight (AOR=2.27, 95% CI:1.01,5.10) and eight to twelve (AOR=2.12, 95% CI:1.02,4.41), being married (AOR=2.07, 95% CI:1.06,4.02), had no concern on safer sex practice (AOR=3.74, 95% CI:2.28, 6.13), having CD_4 count of ≥500cells/mm^3(AOR=1.66, 95% CI:1.04, 2.64) and substance use (AOR=3.41, 95% CI:1.83, 6.35) were significantly associated with risky sexual practice.

Conclusion and Recommendation: The prevalence of risky sexual practice was higher in this study. The following factors: having low educational status, being married, had no concern on safer sex practice and substance use were contributed for engaging in risky sexual practice. So, concerned organizations including partneres should work on behavioral change communication.

1-Introduction

1.1 Statement of the problem

Ethiopia is one of the sub-Saharan countries worst affected by the Human Immuno-deficiency Virus pandemic. According to the HIV related estimate and projections for Ethiopia, the adult HIV prevalence was estimated at 1.2% (0.8% in males and 1.6% in females) and the adult HIV incidence stood at 0.03% in 2014. The mortality and incidence rates have dropped by about two-thirds since the initiation of ART program in 2005. Although the incidence and prevalence rates have shown a declining trend, there are more than 750,000 people living with HIV/AIDS in Ethiopia today [1].

The advent of highly active antiretroviral therapies has helped to improve the health status and life expectancy of people living with HIV/AIDS, which has led to a belief that HIV is no longer a serious and deadly disease. Actually, ART significantly reduces patients' viral loads, often to undetectable levels, which may lead to the perception that they are no longer infectious [2].Yet if they have sex without condom, those with high viral load or low CD4 count before or at the initiation of ART, have the potential to infect their sero-negative sexual partner or at risk of acquiring drug resistant viral strains from their sexual partner who are already infected [3].

After knowing their HIV status, many persons living with HIV (PLHIV) in developed countries adopt safer sex practices to avoid HIV transmission to their sexual partners, although up to one in three PLHIV continues to practice unprotected sex, often with partners of unknown or HIV-negative serostatus [4].

Mixed findings have been reported with regard to risky sexual practice and ART. Some studies revealing a rise in risky practices once ART becomes available and others no effect. Yet others suggest that risky sexual practices may be decreased among those on ART due to more intensive counseling [3].

The use of anti retro-viral therapy among HIV positive individuals brings a better physical condition and filling of good health. However, substancial number of HIV positive individuals engages in risky sexual practice and the available few studies had limitations to show the real picture of the problem.Therefore, this study aims to determine the magnitude and factors associated with it by using comprehensive definition for risky sexual practice.

1.2 Literature review

1.2.1 Prevalence of risky sexual behavior

Anti retroviral therapy significantly improves physical health and the quality of life, which may enable or encourage individuals to resume sexual activity. Some of them may be engaged in risky sexual practice [2]. Unprotected sexual intercourse among HIV positive individuals is a public health concern because of the risk of HIV transmission to sero-discordant partners and the risk of re-infection with new drug resistant viral strains [2, 3].

Reports on sexual behavior of HIV Positive individuals visiting ART clinics have been inconsistent. A study conducted in India among hetro sexual men and women living with HIV showed that 30.9% of men and 26.5% of women reported inconsistent condom use for vaginal or anal sex with regular partner [4]. A cross sectional survey conducted in Togo showed that 34.6% of HIV positive participants had risky sexual relations [7].

A comparative cross sectional study conducted at Felege Hiwot Referral Hospital, North Western Ethiopia, showed that 56% of ART and 44.2% of the pre ART sexually active study participants had a history of risky sexual practice (inconsistent condom use) [12].

A cross sectional study conducted in ten randomly selected health centers at Addis Ababa city showed that the prevalence of risky sexual practice (inconsistent condom use) was 30.4% [2].In another cross sectional study conducted at Addis Ababa public hospitals among ART attendees showed the prevalence of risky sexual practice (unprotected sex) was 36.9% [3].

1.2.2 Factors associated with risky sexual behavior

Several studies noted that factors associated with risky sexual behavior include: socio demographic characteristics, relationship factors, medical related factors and safer sex beliefs, Psycho-social factors and behavioral factors [2, 3, 4, 5, 12].

1.2.2.1 Socio demographic characteristics

Among the socio demographic characteristics reviewed in the literatures gender, marital status and educational status have a significant effect on risky sexual practice [2, 3, 5, 9, 11].

In a study conducted at Mozambique showed 16% of men compared to 4% of women had lower scores in perceiving HIV as a threat since the availability of ART [5]. In another study conducted at randomly selected health centers of Addis Ababa showed that Males are one and half times more likely to engage in risky sexual practice than females [2].

In a study conducted at Kumasi,Ghana showed that participants who were widows or divorcees were 3.5 times more likely to use condoms during their last sexual intercourse than those who were single [9].A study conducted in Addis Ababa showed that being single and widowed were significantly associated with risky sexual practice[2].But according to another study conducted at Addis Ababa public hospitals, marital status did not show a statistically significant association with risky sexual practices [3].

Both studies conducted at Sokode, Togo [9] and Addis Ababa, Ethiopia [3] showed that as the level of education increases the chance of engaging in risky sexual practice decreases.

1.2.2.2 Relationship factors

A study conducted in Croatia [6] and South Africa [14] showed that having sexual relation with partners of unknown sero status is significantly associated with risky sexual practice. A Meta-Analysis and Meta-Regression conducted at Sub-Saharan Africa showed the relationship between ART experiences with rates of unprotected sex with HIV negative or unknown HIV serostatus showed a statistically significant reduction among people on ART [**Error! Bookmark ot defined.**]. Another study

conducted at Addis Ababa, Ethiopia showed HIV positive individuals with a sero-negative partner were less likely to engage in unprotected sexual intercourse [3].

Studies conducted in Ghana [3], Uganda [8] and Ethiopia [9] showed that HIV positive individuals who disclose their sero-status to their partners are less likely to engage in risky sexual practice.

A cross sectional study conducted at Addis Ababa, Ethiopia showed study participants who had no discussion or less discussion about condom use with their sexual partner was more likely to engage in risky sexual practice [3].

1.2.2.3 Medical related factors and safer sex beliefs

One study from Uganda [7] and other cross sectional study from Togo [8] showed that being on ART for more than one year predispose individuals for risky sexual practice. But in another Meta-analysis study conducted at Sub-Sahara Africa countries [6] and a cross sectional study conducted in Ethiopia [3] showed duration of start of ART has no impact on sexual behavior .A study conducted in Ethiopia showed time since testing positive has no significant association with risky sexual practice [3] and according to a study conducted in South Africa showed sexual behavior of individuals doesn't affect by their CD_4 count [**Error! Bookmark not defined.**].

Safer sex is believed to be necessary even with ART availability, this result is generated from a study conducted at India [4] and South Africa [**Error! Bookmark not defined.**].Those who reported he availability of ART makes safer sex unnecessary or who reported being unclear about this were five times more likely to have had unprotected sex [**Error! Bookmark not defined.**].A cross ectional study from North West Ethiopia [12] and USA[15] showed ART naïve respondents were two times more likely to use condom inconsistently than ART experienced.

A study conducted at South Africa showed that most ART and non-ART respondents were aware that it is still possible for them to transmit HIV when a condom is not used during sex (91.4% and 83.8%, respectively), that they remain a risk of infecting others (90.6% and 85.1%, respectively) and that they are concerned about always using a condom (95.1% and 84.3%, respectively) [7]. Other studies also showed individuals on ART had safer sex beliefs [14, 16, 17].

1.2.2.4 Psycho-social factors

According to studies conducted in South Africa [3] and Ethiopia [8] both enacted stigma and perceived stigma were no longer significantly associated with risky sexual behavior.In a study conducted at USA [9] and Ghana [15], nearly half (47%) of the participants reported feeling depressed and Depression and life-satisfaction had also known to be related to risky sexual behavior.

1.2.2.5 Behavioral factors

In most of the literatures reviewed, alcohol use and substance use were significantly associated with risky sexual practice [2, **Error! Bookmark not defined.**, 13, 14, 15, 18, 19, 20, 21]. But, in ther two studies conducted at South Africa [3] and Ethiopia [8] showed alcohol and other substance use were no longer significantly associated with risky sexual behavior.

So, studies conducted on this issue were few and the available ones only saw risky sexual practice from the angle of condom use only by including sexually active participants. But risky sexual practice is a broad term and it is personal preference and knowledge based motivation to avoid it. Therefore, this study designed to fill this identified gaps.

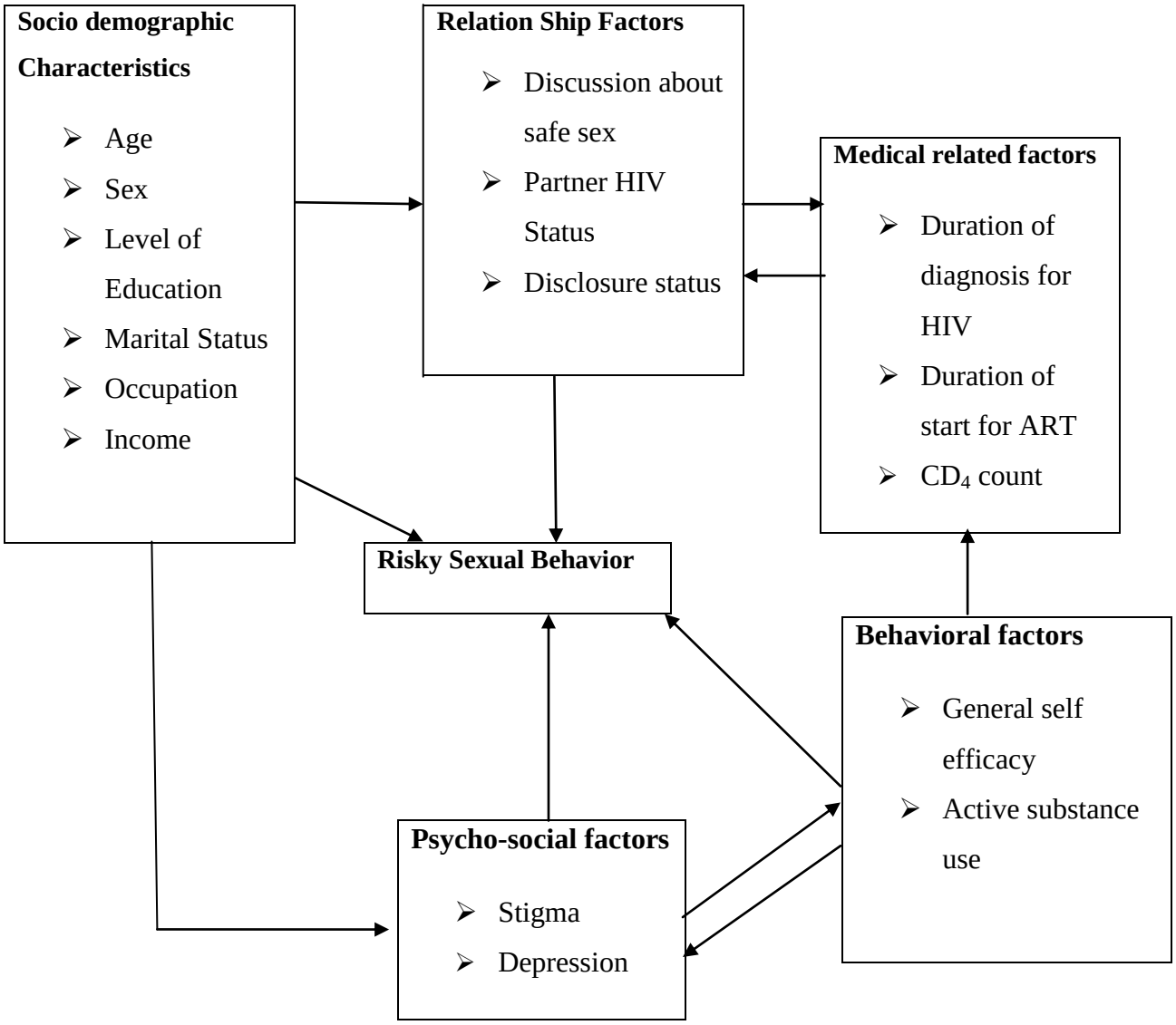

Figure 1: Conceptual frame work for factors related to risky sexual practice (self review)

1.3 Justification

Ante retro-viral drugs are effective in improving the health status of HIV positive individuals up to undetectable viral load level. Following this improvement, many HIV positive individuals start to engage in risky sexual practices. Studies conducted on this issue didn't show the real picture of the situation because of the limitations on the definition of risky sexual practice and including sexually active participants only in the study. Moreover ministry of health launched a new approach called test and treat and all HIV positive individuals will receive ART. Unless the magnitude and factors associated with risky sexual practice assessed periodically and act up on it, a significant number of HIV positive individuals will aquire new drug resistant viral strain that leads to treatment failure.

So, this study aims to investigate prevalence of risky sexual practice and factors associated with it by defining risky sexual practice as engaging in one of the following activities; no condom use, inconsistent condom use, having multiple sexual partner, making casual sex, sex under the influence of alcohol and sexual exchange (paying or receiving goods or money for sexual intercourse).

Understanding the factors associated with risky sexual practice among HIV positive individuals is crucial in the effort of design and delivery of interventions. Hence, the findings of this study will help Addis Ababa health bureau to make informed decision to prevent treatment failure by reducing risky sexual practice among HIV positive individuals.

2 .Objectives

2.1 General objective

- To assess risky sexual practice and associated factors among HIV positive adults visiting ART clinics in public Hospitals in Addis Ababa city, 2017.

2.2 Specific objectives

- To determine the prevalence of risky sexual practice among HIV positive adults visiting ART clinics in public Hospitals in Addis Ababa city, 2017.
- To assess factors associated with risky sexual practice among HIV positive adults visiting ART clinics in public Hospitals in Addis Ababa city, 2017.

3. Methods

3.1 Study design and period

A Hospital based cross sectional study design was used to assess the risky sexual practice among HIV positive adults visiting ART clinics in public hospitals in Addis Ababa. Study period was from January, 2017 to Februrary, 2017.

3.2 Study area/setting

This study was conducted in Addis Ababa, the capital city of Ethiopia, which covers an area of 527 km^2. Based on the 2014/15 population projection by the Ethiopian national statistics authorities, the population of Addis Ababa was 3,384,569 million with an average of 5.3 persons per household. The health institutions in the city comprise a total of 48 hospitals (10 Governmental and 38 private) and 111 health centers. Among these, ART services is being provided in 41 health facilities including health centers, which are under Addis Ababa health bureau administration, and a total of 80,071 HIV-positive adults visited ART clinics of these health facilities in 2012/2013fiscal year [2].Currently the number of clients visiting ART clinics in each public hospitals in Addis Ababa is as follows: 2200 in Rasdesta hospital,7532 in Zewditu memorial hospital, 2503 in Minilik hospital, 3600 in Yekatit hospital, 954 in Gandi hospital and 279 in Tirunesh bejing hospital.

3.3 Source population

All adult HIV positive individuals visited ART clinics of public Hospitals in Addis Ababa city.

3.4 Study population

All randomly selected adult HIV positive individuals visited ART clinics of public hospitals in Addis Ababa city during data collection period.

Inclusion criteria

All HIV positive adults whose age were between 18-49 years, had tested positive three months ago and made two or more clinic visits were included in the study.

Exclusion criteria

Sick patients who were not able to respond were excluded from the study.

3.5 Study variables

Dependent variable

- Risky sexual practice

Independent variables

- Socio-demographic characteristics (age, sex, educational status, religion, ethnicity, marital status, occupation and monthly family income).
- Relationship factors (type of partners, discussion about safer sex, partner HIV status and disclosure status).
- Medical related factors (duration of diagnosis for HIV, duration of start of ART and CD_4 count).
- Psycho-social factors (stigma, depression).
- Behavioral factors (general social support, general self efficacy and substance use).

Operational Definitions

1. Risky sexual practice: - In this study, risky sexual practice was defined as engaging in one of the following characteristics: having sex without use of condom or inconsistent use of condom, having multiple sexual partners, casual sex, sex with the influence of alcohol and sexual exchange (paying or receiving goods or money for sexual intercourse) within three months prior to data collection period (self reviewed).

2. Steady partner: - In this study, steady partner was a partner with whom the respondent had regular sexual relationship and perceived by the respondent as spouse or regular boy/girl friend [3].

3. Casual partner: - In this study, casual partner means individuals with whom he/she had once or few times sexual intercourse, other than regular steady partner (spouse/boy/girl friend) with paying or non-paying [3].

4. Stigma:-In this study, stigma was assessed by eight questions addressing enacted stigma encountered since testing positive and six questions addressing perceived stigma any related to avoidance, social rejection, and shame in 3 months prior to the study with Yes/No responses derived from a publication entitled "Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developed countries" [22].Yes was coded as (1) and no as (0). Score above mean of the total respondents was considered as stigmatized or felt stigma. In this study the mean for enacted stigma was 0.70 and perceived stigma was 0.58. Score above 0.70 and 0.58 for enacted and perceived stigma respectively was taken as stigmatized (felt stigma).

5. Active substance use: - In this study, use of active substances was defined as taking any sort of stimulants, which alters the body physiology; E.g. khat, shisha, hashish (marijuana), cocaine, benzene etc. within three months prior to data collection period [3].

6. Sex under the influence of alcohol: - In this study, influence of alcohol was defined as engaging in undesirable sexual activity which was not performed in other times after taking any drinkable thing which has alcohol in it and alters the body physiology: E.g. Local beer, liquor, Beer etc within three months prior to data collection period[2].

7. General self efficacy:-In this study, general self efficacy was assessed by four item scales derived from the scale developed by Schwarzer and colleagues [23] that addresses on how individual is confident to him/her coping with responses ranging from 1 (strongly disagree) to 4 (strongly agree) and score above the mean of the total respondent was taken as high general self efficacy. In this study the mean was 29.79. Score above 29.79 was taken as high general self efficacy.

8. Multiple sexual partners: - was defined as having sex with more than one sexual partner within three months prior to data collection period [3].

3.6 Sample Size and sampling procedure

Sample size

For the first objective, sample size calculation was done by using a single proportion formula by considering the following assumptions.

From the previous study prevalence of risky sexual practice [2] was 30.4% and by considering 95% CI, 80% power and 4% marginal error.

$$N=\frac{Z_{\alpha/2}^2\ P(1-P)}{W^2}$$

Where $Z_{\alpha/2}=1.96$

P=30.4% (prevalence of risky sexual behavior=inconsistent condom use) [2].

W=4%

$$=\frac{(1.96)^2\ 0.304(1-0.304)}{(0.04)^2}$$

=506

For the second objective, sample size calculation was done by using Open EPI info soft ware package version number 7.0.8.3.The first 2 factors which had strong association with risky sexual practice were identified from the previous study. These were: Alcohol consumption (AOR=2.01, 95% CI 1.070, 3.768) and being Single (AOR=0.29, 95% CI 0.15, 0.59) [2].
By taking the above information, the sample size for the first and the second factors became 284 and 122 respectively. .
Since the sample size calculated for the first objective was relatively large, by considering 10% non response rate, the final sample size became 562.

Sampling procedure

This study was conducted in all public hospitals in Addis Ababa city which are under Addis Ababa health bureau administration namely Ras desta, Zewditu, Minilik, Yekatit 12, Gandi, and Tirunesh bejing Hospitals (Figure 2).

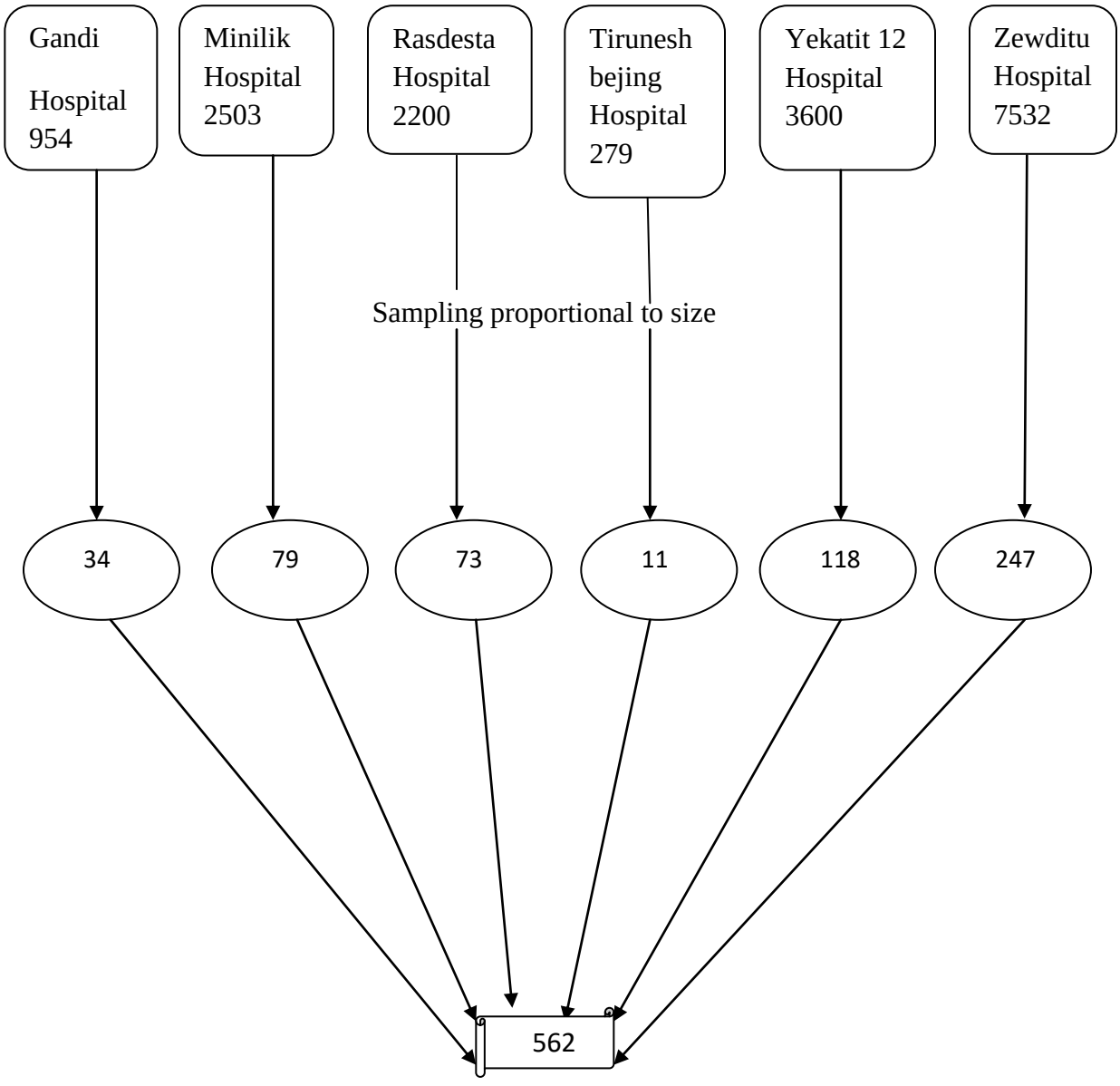

Figure 2:Schematic presentation of sampling procedure

3.7 Data collection tool and procedure

A structured pre tested interviewer administered questionnaire was used for data collection. The questionnaire was developed by reviewing national and international literatures. The data collection instrument was prepared in English. The English version of the questionnaire was translated first to Amharic and back to English in order to ensure its consistency. The questionnaire had information on socio-demographic characteristics, relationship factors, medical related factors, psycho-social factors and behavioral factors.

Training was given to the data collectors and supervisors on the objective and the data collection tools and then the tool was pre-tested to see the clarity of the tool. Data were collected by twelve diploma nurses (male data collector for male respondent and female data collector for female respondent) who were working in the ART clinics of the respected hospitals. The data collection took place at the ART clinics of each respected hospitals. The principal investigator and two supervisors were supervised the data collection, and to check for completeness and consistency of a questionnaire.

3.8 Data quality control

The quality of data was assured through careful design, translation and retranslation of the questionnaire as well as by pretesting on 5% of the sample at Black Lion hospital. Training was also given to the data collectors and supervisors before data collection. The supervisors and principal investigator were closely followed the day-to-day data collection process and ensure completeness and consistency of the collected questionnaire. Proper categorization and coding of the data was made.

3.9 Data management and analysis

The data were first entered using EPI info version 3.5.1 and then exported to SPSS version 20 for cleaning and analysis. Descriptive statistics was used to describe the socio-demographic characteristics of the respondents and other characteristics of the respondents. Factors which had a potential associoation (p-value <0.2) with the outcome variable in a bi-variate analysis were transferred to multivariable analysis. P-value of less than 0.05 and odds ratio with 95% CI was used to declare the presence and the strength of association in a multivariable analysis.

4. Ethical considerations

Ethical clearance was obtained from Institutional Review Board of University of Gondar, College of Medicine and Health Science, Institute of public health. Support letter and permission was also obtained from Addis Ababa health bureau ethical review committee and disease prevention core process unit of each hospital. On the data collecting tool itself, the first page of the questionnaire provided full information to the study participants regarding the purpose and nature of the research then written consent was obtained from each participant. Participation to the study was done on voluntary basis, and participants were informed about their right not to participate in the study or withdraw at any time. Moreover, confidentiality of the information was assured by using anonymous questionnaire.

5. Results

5.1 Socio-demographic characteristics

In this study all of the 562 participants gave their response which makes the response rate 100%. All of the respondents were on ART. Most of the participants 344(61.2%) were females, 200(35.6%) were in the age group of 30-35 years and 198(35.2%) were Amhara by ethnicity. The mean age of the participants were 33.06 ± 5.4 (SD) (Table 1).

Table 1 - Socio demographic characteristics of respondents; visited ART clinics in Public hospitals in Addis Ababa, 2017

Characteristics	**Frequency(n=562)**	**Percentage**
Sex		
Male	218	38.8
Female	344	61.2
Age		
18-23	12	2.1
24-29	153	27.2
30-35	200	35.6
36-41	162	28.8
≥42	35	6.2
Ethnicity		
Oromo	195	34.7
Amhara	198	35.2
Tigray	118	21.0
Other	51	9.1
Education Status		
≤8	218	38.8
9-12	249	44.3
College diploma and above	95	16.9

Religion		
Orthodox	342	60.9
Muslim	88	15.7
Protestant	110	19.6
Catholic	22	3.9
Marital Status		
Unmarried	211	37.5
Married	188	33.5
Separated	44	7.8
Divorced	55	9.8
Widowed	64	11.4
Occupation		
Unemployed	22	3.9
NGO	40	7.1
Daily laboror	88	15.7
House wife	99	17.6
Government employee	110	19.6
Private job	203	36.1
Monthly Income		
<1500	162	28.8
1500-2999	262	46.6
≥3000	138	24.6

5.2. Prevalence of Risky sexual practice

In this study 220 participants that were 39.1% (95% CI: 35.2, 43.8) had risky sexual practice in the past three months prior to data collection period. From the participants, 317(56.4%) of them were sexually active. Out of this sexually active participants 77(24.3%) had more than one sexual partners. The type of partners with whom they engaged in sexual relationship were; steady partners 225(71%), casual partners 60(18.9%) and both steady and casual partners 32(10.1%). Among sexually active study participants 175(55.2%) of them used condom in the past three months prior to data collection period and out of this participants 123(70.3%) of them used condom consistently. Some of the reasons mentioned by participants for not using condom were; because both partners were HIV positive and condom decreases sexual pleasure, sexual partners didn't want to use, to get birth and due to religion (Table 2).

Table 2: Partner related characteristics, partners HIV status and disclosure among HIV positive adults visited ART clinics in Addis Ababa public hospitals, 2017.

Characteristics		Frequency	Percentage
Had sexual partner in the past three months			
	Yes	317	56.4
	No	245	43.6
Number of sexual partner/s in the past three months(n=317)			
	One	240	75.7
	More than one	77	24.3
Type of sexual partner/s have in the past three months(n=317)			
	Steady	225	71
	Casual	60	18.9
	Both	32	10.1
HIV status of their partner/s(n=317)			
	Positive	173	54.3
	Negative	10	3.1
	Both	25	8.4
	unknown	109	34.2
Discussion about safe sex with their partner/s(n=317)			
	Yes	129	40.69
	No	188	59.31
HIV status disclosure to partner(n=317)			
	Yes	182	57.41
	No	135	42.59

Among sexually active participants 69.4% of them had risky sexual practice. From sexually active participants who had risky sexual practice, most of the participants (63.6%) of them had sex without condom and few of them (12.3%) engaged in sexual exchange three months prior to data collection period (Figure 3).

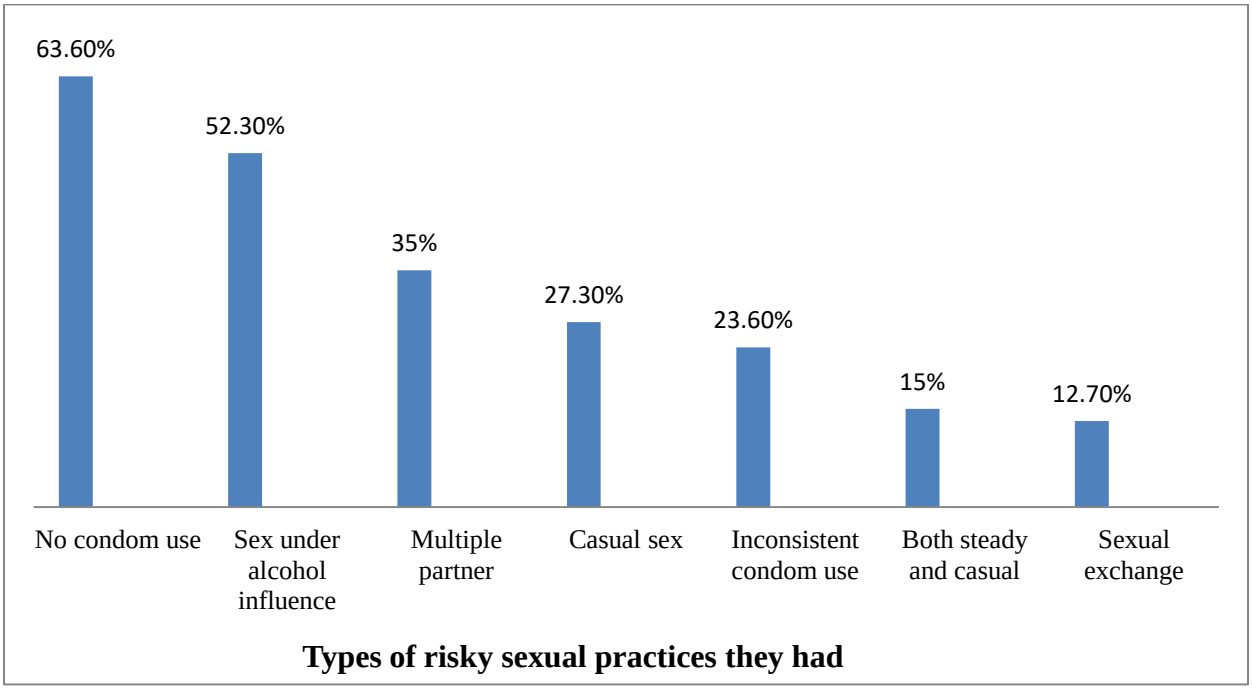

Figure 3: Frequency of different types of risky sexual practices among respondents who had risky sexual practices and attending ART clinic at public hospitals of Addis Ababa city, Ethiopia, 2017.

5.3 Factors associated with risky sexual practice

Each variable was analysed by using bivariate logistic regression and variables having p-value less than 0.2 were fitted to multivariable logistic regression. In the multivariable analysis educational status ($p<0.05$), marital status ($p=0.03$), concern about safer sex ($p=0.00$), current CD_4 count ($p=0.03$) and substance ($p=0.00$) use had significant association with risky sexual practice.

Risky sexual practice was 2.27 times (AOR=2.27, 95% CI: 1.02, 4.41) higher among participants who attended grad below eight, 2.12 times (AOR=2.12, 95% CI: 1.01, 5.10) higher among participants who complited high school compared to participants who had college diploma and above. Married participants were 2 times more (AOR=2.07, 95%CI: 1.06, 4.02) to engage in risky sexual practice than those who were unmarried.

Risky sexual practice were nearly 4 times higher (AOR=3.74, 95% CI: 2.28, 6.13) among participants who had no concern about safer sex practice because they were on ART as compared to those participants who had concern about safer sex. Participants who had a CD_4 count of $\geq$500cells/mm^3 were nearly 2 times (AOR=1.66, 95% CI: 1.04, 2.64) more to engage in risky sexual practice than those individuals who had a CD_4 count of less than 500cells/mm^3. This study revealed that participants who used substances were 3 times (AOR=3.41, 95% CI:1.83, 6.35) more to engage in risky sexual practice than those participants who didn't use substances (Table 3).

Table 3:Bivariate and multivariate analysis for risky sexual practice for participants who visited ART clinics of Addis Ababa public hospitals, 2017.

Variables		Risky sexual practice		COR(95%CI)	AOR(95%CI)
		Yes	No		
Age					
	18-23	2	10	0.5(0.093, 2.70)	0.34(0.41, 2.71)
	24-29	63	90	1.75(0.77, 3.90)	1.15(0.36, 3.66)
	30-35	87	113	1.93(0.88, 4.22)	1.19(0.39, 3.64)
	36-41	58	104	1.39(0.63, 3.11)	1.14(0.36, 3.62)
	≥41	10	25	1	1
Educational status					
	≤8	81	137	1.16(0.70-1.93)	**2.27(1.01,5.10)***
	9-12	107	142	1.48(0.91-2.43)	**2.12(1.02,4.41)***
	College diploma and above	32	63	1	1
Marital Status					
	Unmarried	65	146	1	1
	Married	120	68	3.96(2.61,6.02)	**2.07(1.06,4.02)***
	Others[a]	35	128	0.61(0.38,0.98)	2.08(0.85,5.07)
Occupation					
	House wife	48	51	1	1
	Daily laboror	20	68	0.31(0.17, 0.59)	0.45(0.17, 1.17)
	Private job	85	118	0.77(0.47, 1.24)	0.93(0.51, 2.41)
	Government employe	43	67	0.68(0.39, 1.18)	0.97(0.43, 2.23)
	NGO	14	26	0.57(0.27,1.22)	0.62(0.39, 3.77)
	Unemployed	10	12	0.89(0.35, 2.24)	0.80(0.50, 9.82)
Monthly family income					
	<1500	46	116	0.46(0.28, 0.74)	0.78(0.38, 1.65)
	1500-2999	110	152	0.84(0.55, 1.27)	0.81(0.45, 1.45)
	≥3000	64	74	1	1

Concern about safer sex					
	Yes	99	238	1	1
	No	121	104	2.79(1.96,3.97)	**3.74(2.28, 6.13)***
Current CD_4 count					
	<500cells/mm^3	95	186	1	1
	≥500cells/mm^3	125	156	1.57(1.12,2.21)	**1.66 (1.04, 2.64)***
Substance use					
	Yes	70	35	4.09(2.61,6.42)	**3.41(1.83, 6.35)***
	No	150	307	1	1

[1]Note:1=reference *p-value<0.05 [a]Widowed, separated, and divorced
Enter method, Hosemer Lemeshow test=0.109

6-Discussion

The prevalence of risky sexual practice in this study was 39.1 %(95% CI: 35.2, 43.8) three months prior to data collection period.The finding was in line with other similar studies conducted at Gondar Hospital, Ethiopia [24] and Addis Ababa public Hospitals, Ethiopia [3].However, the findings in this study was higher than other studies conducted at Addis Ababa health centers, Ethiopia [2] , India [4] and Togo [9].The possible reason for the variation could be study setting and comprehensive definition used in this study.In the Ethiopian study it was conducted on health centers, low case flow and patients preference of hospitals for seeking better management could decrease the prevalence.In Indian study it defines risky sexual practice as inconsistent condom use with regular partner.In the Togo study it defines risky sexual practice as engaging in unprotected sexual intercource with a negative or unknown sero-status partner. The prevalence of risky sexual practice was lower in this study compared to the study conducted at Felegehiwot hospital, Ethiopia [12].

Education plays a great role in increasing awareness and gives the ability to weight an effect of something scientifically by making a risk benefit approach.Likewise highly educated individuals don't want to expose themselves for risky sexual practice because they know the outcome very well.In this study educational status was inversely associated with risk sexual practice.This finding is in line with other studies conducted at Sokode, Togo [9] and Addis Ababa, Ethiopia [3] showed that as the level of education increases the chance of engaging in risky sexual practice decreases.

Married participants in this study were engaged more in risky sexual practices than those who were unmarried. This might be, to get birth they were not using condom or HIV concordant couples might think that condom is no more useful once they are infected. This finding is in line with other studies conducted at Gondar Hospital, Ethiopia [24] and Addis Ababa [2]. This finding has a difference with other study conducted at public hospitals of Addis Ababa that showed marital status had no any significant association at all with risky sexual practice [3].

Taking ART drugs only can't bring good physical health unless clients concern about their healthy sexual practice and put in practice what they know about safer sex [2, 3]. In this study, participants who had no concern about safer sex practice because they are on ART had

significant association with risky sexual practice. Those who had no concerned about their safer sex practice had high engagement in risky sexual practice than those who had concern.This finding is in line with other studies conducted at India [4] and South Africa [8] which revealed that participants who didn't concern about their safer sex practice due to the availability of ART were five times more likely to have had unprotected sex.

The aim of anti-retro viral terapy is to improve the quality of life and increase the life expectancy of HIV infected individuals by raising the CD_4 count and decreasing the viral load. But following this improvement a significant number of HIV infected individuals engage in risky sexual practice [2]. The finding in this study magnifys this issue.In this study CD_4 level of individuals was inversely associated with risky sexual practice. This finding is in line with other similar study conducted at Gonder Hospital, Ethiopia [24] but differs from other study conducted at South Africa [**Error! Bookmark not defined.**] which showed sexual behavior of individuals didn't ffect by their CD_4 count.

In this study substance use had significant association with risky sexual practice. Participants who used substances were engaged in risky sexual practice more than those who didn't use substances. The findings in this study was in line with other studies conducted in Ethiopia [2], South Africa [**Error! Bookmark not defined.**], USA [13, 15, 18, 20], Croatia [14] and India [19].

7-Limitations of the Study

- The data collection was done by nurses who were working in the ART clinics of each hospital to ensure confidentiality and privacy. Due to this, social desirability bias and interviewer bias was eminent in this study. But to decrease this bias, training was given on the objective of the study for data collectors and male data collector were used for male respondents and female data collectors were used for female respondents. On top of that data collectors gave explicit information to the participants on the value of their response for the success of ART treatment and preventing PLHIV community from acquiring drug resistant strain.
- Since the issue is sensitive some of the respondents might not give the correct answer and may hide some of their habits.

8-Conclusion

The overall prevalence of risky sexual practice is found to be higher in this study. This indicates that a significant number of HIV positive individual's transmited HIV for non infected partners or acquired new viral strain that will lead to drug resistant which can be an obstacle for test and treat approach.

In this study : having low educational status , being married, had no concern on safer sex practice because they were on ART, having CD_4 count $\geq$500cells/mm^3 and substance use contributed for engaging in risky sexual practice.

9-Recommendations

It is recommended that Addis Ababa health bureau and ART service providers need to work hard on behavioral change communication. Specially, ART service providers should always recommend married individuals to use condom consistently and should give extensive counseling for PLHIV to avoid risk sexual practice even if: they have high CD_4 count and they are on ART. In addition, health care providers need to have regular and ongoing counseling sessions with PLHIVs to avoid the use of substances. Addis Ababa Health bureau has also a responsibility to design strategies which support and monitor health facilities and health service providers for its implementation.

10-Reference

1-The Federal Democratic Republic of Ethiopia Ministry of Health. HSTP Health sector transformation plan, 2015/16-2019/20.Addis Ababa Ethiopia 2015.

2-Demissie K, Asfaw S, Abebe L,Kiros G. Sexual behaviors and associated factors among anti retroviral treatment attendees in Ethiopia.HIV/AIDS (Auckl).2015;7:183-190.

3-Dessie Y, Gerbaba M, Bedru A, Gail D .Risky Sexula Practices and related factors among ART attendees in Addis Ababa Public Hospitals, Ethiopia. Desie et al. BMC Public Health.2011;11(422):1-10.

4-Chakrapani V, Newman A.P, Shunmugam M, Dubrow R. Prevalence and contexts of Inconsistent condom use among hetro sexual men and women living with HIV in India: Implications for prevention. AIDS PATIENT CARE and STDs. 2010;24 (1):49-58.

5-Pearson R.C, Cassels S, Kurth E.A, Montoya P, Micek A.M, Gloyd S.S. Chalenge in sexual activity 12 months after ART initiation among HIV-positive Mozambicans. AIDS Behav.2011;15 (4): 778-787.

6-Eisele P.T, Mathews C, Chopra M, Brown L, Silvestre E, Daries V et al. High levels of risk behaviours among people living with HIV initiating and waiting to start Antiretroviral therapy in Cape Town South Africa. AIDS Behav. 2008; 12:570-577.

7-Yaya I, Saka B, Lando E.D, Patchali M.P, Makawa M, Senanou S et al. Sexual risk behavior among people living with HIV and AIDS on antiretroviral therapy at the regional hospital of Sokode, Togo.BMC Public health.2014: 10.1186/1471-2458-14-636.

8-Wamoy J, Mbonye M, Seeley J, Birungi J, Jaffar S. Change in sexual desires and behaviours of people living with HIV after initiation of ART: Implications for HIV prevention and health promotion.BMC Public health.2011: 10.1186/1471-2458-11-633.

9-Ncube M.N, Akunna J, Babatunde F, Nyarko A, Yatich J.N, Ellis E et al.Sexual risky behavior among HIV-positive persons in Kumasi, Ghana. GHANA MEDICAL JOURNAL.2012;46 (1) :27-33.

12-Yalew E, Zegeye T.D, Meseret S. Patterns of condom use and associated factors among adult HIV Positive clients in North western Ethiopia.Yalew et al.BMC puplic Health.2012;12308):1-6.

13-Spikes S.P, Purcell W.D, Williams M.K,Chen Y,Ding H, Sullivan S.P.Sexual risk behaviours among HIV-positive black Men who have sex with women ,with men,or with men and women: Implications for intervention Development .American Journal of Public Health.2009;99(6):1072-1078.

14-Zekan S, Begovac J, Novotny E.T, Unsafe Sexual Behavior among HIV-infected patients in Croatia, 2006:Prevalence and Associated Factors. AIDS Behav.2008;12 (4):86-92.

15-Cooperman A.N, Arnsten H.J, Klein S.R, Current sexual activity and risky sexual behavior in older men with or at risk for HIV infection .AIDS Edu Prev.2007;19 (4) :321-333.

16-Smook D.N, Scott-Sheldon J.A.L, Johnson T.B, Carey P.M .Sexual risk reduction interventions do not inadvertently increase the overall frequency of Sexual behavior. J Acquir Immune Defic Syndr.2006; 41 (3) :374-384.

17-Mensch S.B, Hewett C.P, Gregory R, Helleringer S. Sexual behaviour and STI/HIV status among Adolescents in Rural Malawi. Stud Fam Plann. 2008; 39 (4) :321-334.

18-Gerbi B.G, Hablemariam T, Tamru B, Nganwa D, Robnett V. The correlation between alcohol consumption and risky sexual behaviors among people living with HIV/AIDS. J subst use.2009; 14 (2): 90-100.

19-Samet H.J, Pace A.C, Cheng M.D, Bridden C, Pardesi M, Saggurti N. Alcohol use and sex risk behaviours among HIV infected female sex workers (FSWs) and HIV-infected male clients of FSWs in India. AIDS Behav.2010; 14 (1) :74-83.

20-Gerbi B.G, Habtemariam T, Robnett V, Nganwa D, Tameru B. Psychosocial factors as predictors of HIV/AIDS risky behaviors among people living with HIV/AIDS. J AIDS HIV Res.2012; 4(1): 8-16.

21-Kalichman SC, Ntseane D, Nthomang K, Segwabe M, Phorano O, Csimbayi L. Recent multiple sexual partners and HIV transmission risks among people living with HIV/AIDS in Botswana. Sexually transm infection.2007.83:371-375.

22-United States Agency for International Development. Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developed countries.1300 Pennsylvania avenue, NW. January 2006.

23-Schwarzer R & Jerusalem M. Generalized Self-Efficacy scale. Measures in health psychology: A user's portfolio. Casual and control beliefs.1995: 35-37. Available at **http://userpage.fu-berlin.de/~health/selfscal.htm**.

24-Molla AA,Gelagay AA.Risky sexual practice and associated factors among HIV positive adults attending anti-retro viral treatment clinic at Gondar University Referral Hospital,North west Ethiopia.PLoS ONE 12(3):e0174267.**https://doi.org/10.1371/journal.prone.0174267**.

Annex 11

Information sheet and consent form for assessment of risky sexual practice and associated factors among HIV positive adults visiting ART clinics in public hospitals in Addis Ababa city, Ethiopia.

University of Gondar School of Public Health

Name of the Principal Investigator: Wondimagegne Belay Tadesse

Name of the organization: University of Gondar School of public health

Name of the Sponsor: Self sponsor

Information Sheet and Consent Form prepared for participants who visit ART clinics in public hospitals in Addis Ababa city, Ethiopia.

This information sheet and consent form is prepared by the investigator whose main aim is **to assess risky sexual practice and associated factors among HIV positive adults visiting ART clinics in public hospitals in Addis Ababa city.** The investigator is MPH student from University of Gondar.

Purpose: The purpose of this research is to measure the prevalence of Risky sexual practice and assess factors related to risky sexual practice among HIV positive adults visiting ART clinics in public hospitals in Addis Ababa city.

Sexual behavior of HIV infected people has received little attention for a range of factors. Even though many of them know about safe sexual behavior, a substantial number continue to engage in risky sexual practices that not only transmit the virus to others but also place themselves at risk of contracting secondary infection.

Therefore, the finding of this study will show the magnitude of risky sexual practice and factors associated with it and will help policy makers to make informed decision to reduce risky sexual practice among HIV positive individuals.

Procedure: In order to assess risky sexual practice and related factors among HIV positive adults, we invite you to take part in our study. If you are willing to participate in our study, you need to understand and put your signiture on the consent form. Then, you will be asked to give your response by the data collectors. For this questionnaire based study, participants are HIV positive individuals visiting ART clinics in public hospitals in Addis Ababa city whose age is b/ne18-49 and who have two or more clinic visit. The responses given by the participants and the results obtained will be kept anonymous and confidential using coding system whereby no one will have access to your responses.

Risk and/or Discomfort: By participating in this study you may feel that it has some discomfort specially on wasting your time (**5 to 10 minutes**) but this may not be too much since you are participating for a study which will focus on a neglected issue and may bring benefit for PLWHA.

There is no risk in participating in this research project.

Benefits: If you participate in this study, you may not get direct benefit but your participation is likely to help us in assessing risky sexual behavior and factors related with it, in Addis Ababa, among people living with HIV/AIDS.

Incentives: You will not be provided any incentives to take part in this study.

Confidentiality and Anonymity: The information that we will collect from this study will be kept confidential. Information about you that will be collected from the study will be Stored in a file, which will not have your name on it, but a code number assigned to it.

Right to Refuse or Withdraw: You have the full right to refuse from participating in this Study (you can choose not to respond some or all of the questions) if you do not wish to Participate; and this will not affect your health services you get at from the hospital. You have also the full right to withdraw from this study at any time you wish to, without losing any of your rights as ART clinic user of this hospital.

Persons to contact: If you have any question you can contact any of the following individuals and you may ask at any time you want.

1. ***Wondimagegne Belay Tadesse:*** MSF Spain, medical Activity supervisor, A.A, Ethiopia
Tel: +251 114 672076/ +251 912 122184 OR +251 913 048470
E-mail: wwbelay@gmail.com OR wondimagegneb@yahoo.com

2-***Abebaw Addis*** : University of Gondar, department of RH, Gondar, Ethiopia

Tel: +251 910 905798

E-mail: abebaw.addis@gmail.com

Annex 11.2 Consent form

I gate full information about the study, the health professional told me that there will be no harm that will occur on me by giving the information for this questioner and the information will not disclose for anyone except for the principal investigator and also I know that I will not gate any financial support.

I confirmed that the questioner doesn't have anything that point out/disclose my identity. Because of all this reason I decided to give information and I show my agreement with my signature.

---------- ----------

Health professional signature Participant signature

Supervisor signature

Annex11. 3

የምርምር/ጥናት/ ማብራሪያና የስምምነት መግለጫ ቅጽ

የምርምር ጥናቱ ስም፡በ አዲስ አበባ ውስጥ በሚገኙ የመንግስትየህብረተሰብ ሆስፒታሎች የጸረ ኤች.አ.ይቪ.መድሃኒት ህክምና መስጫ ክፍል ክትትል የሚያደርጉ ከቫይረሱ ጋር የሚኖሩ ሰዎች ላይ ተጋላጭነት ስላለው የግብረ ስጋ ግንኙነት ልምድ እና ለዚህ የሚዳርጉ ተጽኖዎች ላይ የሚያተኩር ጥናት፡፡

የዋና ተመራማሪ ስም: ወንድማገኝ በላይ ታደሰ

የድርጅቱ ስም: ጎንደር ዩኒቨርሲቲ

የስፖንሰሩ ድርጅት ስም: በዋና ተመራማሪው በራሱ ወጪ የሚደረግ ጥናት

ይህ ማብራሪያና የስምምነት መግለጫ ቅጽ የተዘጋጀው በጎንደር ዩኒቨርሲቲ በህብረተሰብ ጤና የሁለተኛ ዲግሪ ተማሪና እና በጎንደር ዩኒቨርሲቲ አማካኝነት ነው፡፡

መግቢያ

የዚህ የምርምር ማብራሪያና የስምምነት ቅጽ ዓላማ አሁን እርሰዎ እንዲሳተፉበት የምንጠይቀዎትን የምርምር ጥናት ምንነት ማብራራት ነው፡፡ በዚህ የምርምር ጥናት ውስጥ ለመሳተፍ ከመወሰንዎ በፊት ይህንን የማብራሪያ ቅጽ በጥንቃቄ በማንበብ ጥያቄዎች ካሉዎት ይጠይቁ፡፡ በተጨማሪም በጥናቱ መሳተፍ ከጀመሩ በኃላ በማንኛውም ጊዜ ጥያቄዎች ካሉዎት መጠየቅ ይችላሉ፡፡

የምርምር ጥናቱ ዓላማ

በ አዲስ አበባ ውስጥ በሚገኙ የመንግስት የህብረተሰብ ሆስፒታሎች የጸረ ኤች.አ.ይቪ.መድሃኒት ህክምና መስጫ ክፍል ክትትል የሚያደርጉ ከቫይረሱ ጋር የሚኖሩ ሰዎች ላይ ያለውን ተጋላጭነት ስላለው የግብረ ስጋ ግንኙነት ልምድ መጠን ማወቅ እና ለዚህ የሚዳርጉ ተጽኖዎችን ለይቶ ማውጣት ነው፡፡

በተለያዩ ምክንያቶች የተነሳ ከቫይረሱ ጋር የሚኖሩ ሰዎች ስለሚያደርጉት የግብረ ስጋ ግንኙነት የተሰጠው ትኩረት አናሳ ነው።

ይሁን እንጂ ብዙዎቹ ከቫይረሱ ጋር የሚኖሩ ሰዎች ስለ ጤናማ ግብረስጋ ግንኙነት ቢያውቁም በቁጥር ትንሽ የማይባሉት ግን ተጋላጭነት ያለውን(ጤናማ ያልሆነ)የግብረ ስጋ ግንኙነትን ያዘወትራሉ።ይህ ደግሞ ቫይረሱን ወደ ሌላ ሰው ከማስተላለፍ ውጪ እራሳቸውንም ለተጨማሪ በሽታ ይዳርጋቸዋል።

ስለዚህ የዚህ ጥናት አላማ ከቫይረሱ ጋር የሚኖሩ ሰዎች የሚያደርጉትን ተጋላጭነት ያለው(ጤናማ ያልሆነ)የግብረ ስጋ ግንኙነት መጠን ማወቅ፤ለዚህ ጉዳይ ተጽኖ የሚያደርጉ ጉዳዮችን ማመላከት እና የበላይ አካላት በመረጃ ላይ ተመስርተው ይህንን ጤናማ ያልሆነ ሁኔታ ለመቀነስስ ይችሉ ዘንድ አቅጣጫ አመላካች ይሆናል ተብሎ ይገመታል ።

የአሰራር ሂደት

በ አዲስ አበባ ውስጥ የጸረ ኤች.አ.ይቪ.መድሃኒት ክፍል ክትትል ተጠቃሚዎች የሆኑ ከቫይረሱ ጋር የሚኖሩ ሰዎች ላይ ተጋላጭነት ስላለው የግብረ ስጋ ግንኙነት ልምድ እና ለዚህ የሚዳርጉ ተጽኖዎች ላይ የሚያተኩር ጥናት ላይ እርሰዎ እንዲሳተፉ ጋብዘንዎታል። በዚህ ጥናት ውስጥ ለመሳተፍ ከተስማሙ ስምምነቱን በደንብ መረዳትና እንዲሁም መፈረም ይገባዎታል። ከዚያ በመቀጠል በጥናቱ መረጃ ሰብሳቢዎች ለሚጠየቁት ጥያቄ እንዲመልሱ ፈቃደኝነትዎ ይጠየቃል። በዚህ ጥናት የሚሳተፉት እድሜያቸው በ18 እና 49 መካከል የሆኑ በ አዲስ አበባ የመንግስት የህብረተሰብ ሆስፒታሎች ጸረ ኤች አይቪ መድሃኒት ክፍል ክትትል ተጠቃሚ የሆኑ እና ቢያንስ ሁለት ጊዜ የክትትል ታሪክ ያላቸው ሲሆኑ የሚሠጡት መልስም ሆነ የሚገኘው ውጤት በምስጢር ይጠበቃል።

ሊከሰቱ የሚችሉ ስጋቶችና ምቾት መጓደሎች

በዚህ ጥናት በመሳተፍዎ ምናልባት ጊዜዎን ሊሻማብዎ ይችል ይሆናል። ነገር ግን ከ5 -10 ደቂቃ ያህል የሚያጠፉት ጊዜ ወደፊት እንደርሶ ከቫይረሱ ጋር ለሚኖሩ ሰዎች ጥናቱ የሚሰጠው ውጤት ሲመለከቱ ያጠፉት ጊዜ ምንም ማለት እንዳልሆነ ይገነዘባሉ።

በዚህ ጥናት በመሳተፍዎ ምንም ዓይነት ስጋት (ችግር) አያጋጥምዎትም።

ጥቅሞች

በዚህ ጥናት በመሳተፍዎ የተለየ ጥቅም አያገኙም። ነገር ግን የእርሰዎ በጥናቱ መሳተፍ ከ ቫይረሱ ጋር በሚኖሩ ወገኖች ዘንድ ችላ የተባለውን ተጋላጭነት ያለውን የግብረ ስጋ ግንኙነት አትኩሮት እንዲያገኝና ተጽኖ ፈጣሪ ጉዳዮችን ለመለየት ይጠቅማል።

ማካካሻ

በዚህ ጥናት በመሳተፍዎ ምንም ዓይነት ማካካሻ አይሠጥዎትም። ነገር ግን በጥናቱ በመሳተፍዎ ምስጋናችን ከፍተኛ ነው።

ምስጢር ስለመጠበቅ

ከዚህ ጥናት የሚገኝ መረጃ በሙሉ በምስጢራዊነት ይጠበቃል።. ለዚህ ጥናት የሚሠበሰበው እርሰዎ የሚመለከት መረጃ በማህደር የሚቀመጥ ሲሆን ማህደሩም በስምዎ ሳይሆን በተለየ ኮድ ሲቀመጥ ኮዱ ከዋናው ተመራማሪ ውጭ ለማንም አይገለጽም።

በጥናቱ ያለመሳተፍ ወይም ራስን የማግለል መብት

በጥናቱ ላለመሳተፍ ከፈለጉ በዚህ ጥናት ያለመሳተፍ ወይም ከአንድ በላይ ወይም ሁሉንም ጥያቄዎች ያለመመለስ ይችላሉ። በዚህ ጥናት ባለመሳተፍዎ ወይም በከፊልም ሆነ በሙሉ ጥያቄዎችን ባለመመለስዎ በዚህ ሆስፒታል ውስጥ በሚያገኙት አገልግሎት ላይ ምንም አይነት እክል(ችግር)አይፈጠርም።

የሚያገኟቸው ሠዎች

ይህ ጥናት የጥናቱ ተሳታፊዎች ከጉዳት መጠበቃቸውን በሚያረጋግጠው ጎንደር ዩኒቨርሲቲ በሚገኘው ኮሚቴ ታይቶ ድጋፍ አግኝቷል። በጥናቱ ዙሪያ ማንኛውም ጥያቄ ካለዎት ከሚከተሉት ውስጥ ማንኛውንም ሠው በሚፈለጉት ጊዜ ማነጋገር ይችላሉ።:

1-ወንድማገኝ በላይ ታደሰ;ከ ድንበር የለሽ የሃኪሞች ቡድን፤ህክምና እና የህክምና ጉዳዮች ተቆጣጣሪ፣አዲስ አበባ፣ኢትዮጵያ

ስልክ ቁጥር +251 11 467 2076/ +251 912 122184 ወይም +251 913 048470

2-አበባው አዲስ፤ጎንደር ዩኒቨርሲቲ፣የስነ ተዋልዶ ጤና ትምህርት ክፍል፣ጎነደር፣ኢትዮጵያ

ስልክ ቁጥር +251910905798

Annex 11.4

ስለ ጥናቱ ሙሉ መረጃ አግኝቻለሁ ፤የጤና ባለሙያው በመጠይቁ ላይ ያሉትን ጥያቄዎች በመመለሴ ምክንያት ምንም አይነት ጉዳት እንደማይደርስብኝ ነግሮኛል፡፡ከዚህ በተጨማሪ የዚህን መጠይቅ መረጃዎች ጥናቱን ከሚያከናውነው ሰው ውጪ ሌላ ሰው እንደማያየው እና ምንም አይነት የገንዘብ ጥቅማጥቅም እንደማላገኝ አውቄያለሁ፡፡

ይህ መጠይቅ ማንነቴን የሚገልጽ ምንም አይነት ጥያቄ ያልያዘ መሆኑን አረጋግጬያለሁ በዚህ ምክንያት ለጥናቱ መረጃ ለመስጠት ተስማምቼያለሁ መስማማቴንም በፊርማዬ አረጋግጣለሁ፡፡

የጤና ባለሙያው ፊረማ..... የጥናቱ ተሳታፊ ፊርማ .....

የተቆጣጣሪው ፊርማ

.....

Questioner in English

Section 1-Socio-demographic data: Please circle the answer of your choice

No.	Questions	Coding categories	Skip
101	Sex	a-Male b-Female	
102	Age (in years)		
103	Ethnicity	a-Oromo c-Tigray b-Amhara g-Others specify……	
104	Educational status	a-Illiterate f-Preparatory b-1-4 g-College/University degree c-5-8 h-Post graduate d-9-10 e-10^{+}	
105	Religion	a-Orthodox d. Catholic b- Muslim e. Others specify…… c-Protestant	
106	Marital status	a-Unmarried d-Divorced b-Married e-Widowed c-Separated	

107	Occupation	a-House wife d- Government employer b-Daily laborer e-NGO c- Private job f-unemployed	
108	Monthly Income	a-<500 e-2000-2499 b-500-999 f-2500-2999 c-1000-1499 g-≥3000 d-1500-1999	

Section 2 -Relationship factors

No.	**Questions**	**Coding categories**	**Skip**
201	Are you in sexual relationship within the past 3 months?	a-Yes b-No	202 and 203 if your answer is b
202	With how many partner/s?	a-Only one b-More than one	
203	Who are those partners?	a-Steady partner b-Casual partner c-Both with steady and casual partner	
204	How many sexual partners did you have before testing positive?	a-Only one b-More than one c-I didn't have any	
205	How many sexual partners do you have currently?	a-Only one b-More than one c-I don't have any	206 if your answer is c

206	What type of sexual partner do you have currently?	a-Steady b-Casual c-Steady and casual	
207	Do you use condom within the past 3 months?	a-Yes b-No	208 if your answer is b
208	How often?	a-Always b-Sometimes	
209	What are the reasons for not using condom?	a-To get birth b-Because it decrease sexual pleasure c-Due to religion d-Because both of us are HIV positive e-Partner/s don't want to use f-Others specify……	
210	Do you discuss about safe sex with your partner?	a-Yes b-No	
211	What is your partner/s HIV Status?	a-Positive b-Negative c-Positive and Negative e-Don't know	
212	Do you disclose your HIV status to your partner?	a-Yes b-No	213 ,if your answer is a
213	What is the reason for not disclosing your status?	a-Not to loss acceptance from the partner b-Fear of stigma c-Fear of discrimination d-Not to lose the benefit that you get e-Other specify it……..	

214	Did you use condom before testing positive?	a-Yes b-No	214 if your answer is b
215	How often?	a-Always b-Sometimes	

3-Medical related factors

No.	Questions	Coding categories	Skip
301	When do you Know that you are HIV positive?	a-3-12 month b-13 month-24 month c- >24 month	
302	How do you know your HIV status at that time?	a-because you want HIV test b-at the time you went through medical checkup. c-because you were seriously ill and advised by your doctor to make the test. d- due to your ANC follow up. e-don't remember	
303	Do you start to use ART?	a-Yes b-No	304 and 305 if your answer is b
304	When do you start to use ART?	a-≤12month b-13-24 month c->24 month	
305	Do you concern about your safer sex practice because you are on ART?	a-Yes b-No c-I don't know	
306	What is your current (last check up) CD_4 level?		

307	What is your safest strategy for Safer sex practice?	a-Abstinence b-Using condom consistently c- Sexual exclusive relationship with only one sexual partner without condom. d- Using condom consistently with only one sexual partner. e-Other specify it.	

4-Psyco-Social factors

No.	**Questions**	**Coding categories**	**Skip**
401	From the time that you know your Sero-status on wards, have you incountered one of the following?		
	1-Been abandoned by your spouse/partner.	a-Yes b-No	
	2-Been excluded from a social gathering.	a-Yes b-No	
	3-Been teased ,insulted or sworn at.	a-Yes b-No	
	4-lost housing or not able to rent housing.	a-Yes b-No	
	5-Lost respect/standing within the family and/or community.	a-Yes b-No	
	6-Been given poorer quality health service.	a-Yes b-No	
	7-Been threated with violence.	a-Yes b-No	
	8-Been denied promotion/further training.	a-Yes b-No	

402	Within the past three months have you encountered the following conditions because you are HIV Positive? 1-Hearing people saying I would feel ashamed if I was infected with HIV. 2-Hearing people saying HIV is punishment for bad behavior. 3-Hearing people saying that promiscuous individuals are the ones that spread HIV in our community. 4- Been abandoned by your spouse/partner. 5- Been excluded from a social gathering. 6- Lost respect/standing within the family and/or community	 a-Yes b-No a-Yes b-No a-Yes b-No a-Yes b-No a-Yes b-No a-Yes b-No	
403	Did you drink alcohol in the past three months?	a-Yes b-No	404-408 if your answer is b
404	Did you plan your days around getthing and taking drink?	a-Never b-Sometimes c-Often d-Nearly always	
405	Did you drink alcohol in a particular way in order to increase the effect it gives you?	a-Never b-Sometimes c-Often d-Nearly always	
406	Did you fill you have to carry on drinking once you have started?	a-Never b-Sometimes c-Often d-Nearly always	
407	Is getting the effect you want more important than the particular drink you use?	a-Never b-Sometimes c-Often d-Nearly always	
408	Did you want to take more drink when the effect starts to weak off?	a-Never b-Sometimes c-Often d-Nearly always	
409	Did you take stimulants (eg. kchat, shisha, mariwana, kokiane) in the past three months?	a-Yes b-No	410-414 if your answer is b

410	Did you plan your days around getthing and taking stimulants?	a-Never b-Sometimes c-Often d-Nearly always	
411	Did you take stimulants in a particular way in order to increase the effect it gives you?	a-Never b-Sometimes c-Often d-Nearly always	
412	Did you fill you have to carry on taking stimulants once you have started?	a-Never b-Sometimes c-Often d-Nearly always	
413	Is getting the effect you want more important than the particular stimulant you use?	a-Never b-Sometimes c-Often d-Nearly always	
414	Did you want to take more stimulants when the effect starts to weak off?	a-Never b-Sometimes c-Often d-Nearly always	

5-Behavioural factors

No.	**Questions**	**Coding categories**	**Skip**
501	I can always manage to solve difficult problems if I try hard enough.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
502	If someone opposes me, I can find the means and ways to get what I want.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
503	It is easy for me to stick to my aims and accomplish my goals.	a-strongly disagree b-Disagree c-Agree d-strongly agree	

504	I am confident that I could deal efficiently with unexpected events.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
505	Thanks to my resourcefulness, I know how to handle unforeseen situations.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
506	I can solve most problems if I invest the necessary effort.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
507	I can remain calm when facing difficulties because I can rely on my coping abilities.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
508	When I am confronted with a problem, I can usually find several solutions.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
509	If I am in trouble, I can usually think of a solution.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
510	I can usually handle whatever comes my way.	a-strongly disagree b-Disagree c-Agree d-strongly agree	
511	How do you cope difficult times in this three months?	a-acquiring social support. b-Refraining c-mobilizing the family to get and accept help d-seeking spiritual support 5-passive appraisal	

512	Who gives you great support in the past three months?	a-Family b-Friends c-Others specify	
513	What type of support do you get in the past three months?	a-basic needs b-money c-time for self d-time for family	
514	What type of support do you need in the future?	a-support for growth b-focus on improving my health status c-to improve my physical fitness d-intra family support. e-child care f-Nothing	

Questioner in Amharic

ክፍል 1-መሰረታዊ መረጃዎች እባክዎ መልሶን በማክበብ ይግለጹ

ተ.ቁ	ጥያቄዎች	መልሶች	የሚታለፍ
101	ጸታ	ሀ-ወንድ ለ-ሴት	
102	እድሜ (በቁጥር ያስቀመምጡ)		
103	ብሄር	ሀ-ኦሮሞ ለ-አማራ ሐ-ትግሬ መ-ሌላ ይግለጹ	

104	የትምህርት ደረጃ	ሀ-ፊደል ያልቆጠረ/ች ለ-1-4 ሐ-5-8 መ-9-10 ሠ-10^{+} ረ-ለዩኒቨርስቲ ቅድመ ማዘጋጃ ሰ-የኮሌጅ/የዩኒቨርስቲ ዲግሪ ሸ-ድህረ ምረቃ	
105	ሀይማኖት	ሀ-ኦርቶዶክስ ለ-ሙስሊም መ-ፕሮትስታነት ሠ-ካቶሊክ ረ-ሌላ ይግለጹ……	
106	የጋብቻ ሁኔታ	ሀ-ያላገባ/ች ለ-ያገባ/ች ሐ-የተለያዩ መ-የተፋቱ ሠ-በሞት አጋራቸውን ያጡ	
107	የስራ ሁኔታ	ሀ-የቤት እመቤት ለ-የቀን ሰራተኛ ሐ-የግል ስራ መ-የመንግስት ስራ ሠ-መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ ረ-ስራ አጥ	
108	ወርሃዊ ገቢዎ ስንት ነው	ሀ-‹500 ሠ-2000-2499 ለ-500-999 ረ-2500-2999 ሐ-1000-1499 ሰ-≥3000 መ-1500-1999	

ክፍል 2-ከአጋርነት ጋር የሚገናኙ መጠይቆች

ተ.ቁ	ጥያቄዎች	መልሶች	የሚታለፍ
201	ባለፉት 3 ወራት ውስጥ የግብረስጋ ግንኙነት ፈጽመው ነበር?	ሀ-አዎ ለ-አይደለም	መልሶ ለ ከሆነ ጥያቄ 202ን እና 203ን ይዝለሉ
202	ከስንት ተቃራኒ ጾታ ጋር?	ሀ-ከአንድ ሰው ጋር ብቻ ለ-ከአንድ ሰው በላይ	

203	ሰዎቹ እነማን ነበሩ?	ሀ-ቋሚ ግንኙነት ከነበረኝ ሰውጋር ለ-ባጋጣሚ ካገኘሁት ሰው ጋር ሐ-ቋሚ ግንኙነት ከነበረኝ ሰው በተጨማሪ ባጋጣሚ ካገኘሁት ሰው ጋር	
204	ኤች አይቪ ፖስቲቭ መሆንዎን በምርመራ ከማረጋገጡ በፊት ስንት የግብረ ጋ ግንኙነት ጓደኛ ነበሮት?	ሀ-አንድ ብቻ ለ-ከአንድ በላይ ሐ-ምንም ጓደኛ አልነበረኝም	
205	በአሁኑ ወቅት ስንት የግብረ ጋ ግንኙነት ጓደኛ አለዎት?	ሀ-አንድ ብቻ ለ-ከአንድ በላይ ሐ-ምንም ጓደኛ የለኝም	መልሶ ሐ ከሆነ ጥያቄ 206ን ይዝለሉ
206	በአሁኑ ወቅት ምን አይነት የግብረስጋ ግንኙነት ጓደኛ ነው ያለዎት?	ሀ-ቋሚ ጓደኛ ለ-አጋጣሚዎች ላይ የተመሰረተ ሐ-ቋሚ እና አጋጣሚዎች ላይ የተመሰረተ	
207	ባለፉት 3 ወራት ውስጥ ኮንዶም ተጠቅመው ያውቃሉ?	ሀ-አዎ ለ-አይደለም	መልሶ ለ ከሆነ ጥያቄ 208ን ይዝለሉ
208	አዎ ካሉ ምን ያህል ጊዜ?	ሀ-ሁል ጊዜ ለ-አንዳንድ ጊዜ ብቻ	
209	በምን ምክንያት ነው ኮንዶም ያልተጠቀሙት?	ሀ-ልጅ መውለድ ስለምፈልግ ለ-እማገኘውን ደስታ ስለሚቀንስብኝ ሐ-ሃይማኖቴ ስለማይፈቅድ መ-ሁለታችንም ኤች አይ ቪ ፖዝቲቭ ስለሆንን ሠ-አጋሬ ኮንዶም መጠቀም ስላልፈለገ/ች	
210	ኮንዶም ስለመጠቀም ከ ትዳር አጋሮ/ከተቃራኒ ጾታ ጓደኛዎ ጋር ይወያያሉ?	ሀ-አዎ ለ-አይደለም	

211	የትዳር አጋሮ/የግብረ ስጋ ግንኙነት ተጣማሪዎ የኤች አይ ቪ ሁኔታ ምን ይመስላል?	ሀ-ኤች አይ ቪ ፖዝቲቭ ነው/ናት/ናቸው ለ-ኤች አይ ቪ ኔጋቲቭ ነው/ናት/ናቸው ሐ-ኤች አይ ቪ ኔጋቲቭ እና ፖዝቲቭ ከሆኑ ሰዎች ጋር ጾታዊ ግንኙነት አለኝ መ-የእነሱን የጤና ሁኔታ አላውቅም	
212	ለትዳር አጋሮ፤ለግብረ ስጋ ግንኙነት ተጣማሪዎ የእርሶን ኤች አይቪ ፖዝቲቭ መሆን ገልጸዋል?	ሀ-አዎ ለ-አይደለም	መልሶ ሀ ከሆነ ጥያቄ 213ን ይዝለሉ
213	የእርሶን ኤች አይ ቪ ፖዝቲቭ መሆን ካልተናገሩ ያልተናገሩበት ምክንያት ምንድን ነው?	ሀ-በትዳር አጋሮ/በግብረ ስጋ ግንኙነት አጋሮ ከዚህ በኋላ ተቀባይነት የማያገኙ ስለመሰሉት ለ-አድሎ ይደደረግብኛል ብለው በመፍራት ሐ-መገለል ይደርስብኛል ብለው በ መፍራት መ-በመናገሮ የሚያገኙት ጥቅም ስለሚቀር ሠ-ሌላ ካለ ይግለጹ	
214	በምርመራ ኤች አይቪ ፖሰቲቭ መሆንዎን ከማረጋገጦ በፊት ኮንዶም ይጠቀሙ ነበር?	ሀ-አዎ ለ-አይደለም	
215	አዎ ካሉ ምን ያህል ጊዜ?	ሀ-ሁል ጊዜ ለ-አንዳንድ ጊዜ ብቻ	

ክፍል 3-ከህክምና ጋር ተዛማጅነት ያላቸው መጠይቆች

ተ.ቁ	ጥያቄዎች	መልሶች	የሚታለፍ
301	ኤች አይ ቪ ፖዝቲቭ መሆኖትን ያወቁት መቼ ነበረ?	ሀ-ባለፉት ከ 3-12 ወራት ውስጥ ለ-በለፉትከ13-24 ወራት ውስጥ ሐ- ከ24 ወራት በላይ ይሆነኛል	

302	ውጤቱን ያወቁበት ምክንያት ምን ነበር?	ሀ-ኤች አይ ቪ መመርመር ፈልገው ለ-ሌላ የጤና ምርመራ ሲያደርጉ ሄደው ሐ-በጣም ታመው በሃኪም የኤች አይ ቪ ምርመራ እንዲያደርጉ ተነግሮት መ-ለቅድመ እርግዝና ክትትል ምርመራ በምታደርጊበት ጊዜ ሠ-አላስታውስም	
303	የጸረ ኤች አይ ቪ መድሃኒት መጠቀም ጀምረዋል?	ሀ-አዎ ለ-አይደለም	መልሶ ለ ከሆነ ጥያቄ 304 እና 305ን ይዝለሉ
304	የጸረ ኤች አይ ቪ መድሃኒት መጠቀም የጀመሩት መቼ ነበር?	ሀ-ባለፉት ≤12 ወራት ውስጥ ለ-ባለፉት ከ13-24 ወራት ጊዜ ውስጥ ሐ- ከ24 ወራት በላይ ይሆነኛል	
305	ጸረ ኤች አይ ቪ መድሃኒት እየተጠቀሙ በመሆኖ የጤናማ ግብረ ስጋ ግንኙነት ጉዳይ ያሳስብዎታል?	ሀ-አዎ ለ-አይደለም ሐ-አላውቅም	
306	አሁን ሲዲ ፎርዎት ስንት ነው?(በመጨረሻው ልኬት መሰረት)		
307	ጤናማ የግብረ ስጋ ግንኙነት እንዲኖሮት ምን ያደርጋሉ?	ሀ-እታቀባለሁ ለ-ኮንዶምን ባግባቡና ሁልግዜ እጠቀማለሁ ሐ-ከ አንድ ሰው ጋር ብቻ ያለኮንዶመ ግብረ ሥጋ ግንኙነት እፈጽማለሁ መ-ከ አንድ ሰው ጋር ብቻ በ ኮንዶመ ግብረ ስጋ ግንኙነት እፈጽማለሁ ሠ-ሌላ ካለ ይግለጹ	

ክፍል 4-በራሰ የመተማመን እና ማህበረሰባዊ ጉዳዮችን የሚመለከቱ መጠይቆች

ተ.ቁ	ጥያቄዎች	መልሶች	የሚታለፍ

401	በደምም ውስጥ የኤች አይ ቪ ቫይረስ መኖሩን ካወቁ በኋላ ከ ሚከተሉት ጉዳች ውስጥ እርሶን ያጋጠሞት የትኛው ነበር? 1-የትዳር አጋሮ/የፍቅር ጓደኛዎ ጥሎት/ላዎት ሄደ/ች 2-ከማህበራዊ ጉዳዮች ተገለሉ 3-አሸሙር፤ሽሙጥ ፤ግልምጫ እና ዘለፋ ደረሰቦ 4-ከቤት ተባረሩ/ቤት መከራየት አልቻሉም 5-በቤተሰብዎ/በማህበረሰቡ ውስጥ የነበሮትን ክብር አጡ 6-በጤና ተቋማት ውስጥ ጥራቱን ያልጠበቀ አገልግሎት ተሰጦት 7-ድብደባ ደረሰቦት 8-በስራ ቦታዎ እድገት/ስልጠና ተከለከሉ	ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም	
402	የኤች አይ ቪ ቫይረስ በደሞ ውስጥ ስላለ ብቻ ባለፉት 3 ወራት ውስጥ ከ ሚከተሉት ጉዳዮች ውስጥ እርሶን ያጋጠሞት የትኛው ነበር? 1-ሰዎች እርሶን ሲያዩ እኔ ኤች አይ ቪ በደሜ ውስጥ ቢኖር ኖሮ እሸማቀቅ ነበር ሲሉ ሰሙ 2-ሰዎች እርሶን ሲያዩ ኤች አይ ቪ ለመጥፎ በሃሪ መቀጫ ነው ሲሉ ሰሙ 3-ሰዎች እርሶን ሲያዩ ኤች አይ ቪን በማህበረሰባችን ውስጥ የሚስተላልፉት ዝመተኞች ናቸው ሲሉ ሰሙ 4-የትዳር አጋሮ/የፍቅር ጓደኛዎ ጥሎት ሄደ/ች 5-ከማህበራዊ ጉዳዮች ተገለሉ 6-በቤተሰብዎ/በማህበረሰቡ ውስጥ የነበሮትን ክብር አጡ	ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም ሀ-አዎ ለ-አይደለም	
403	ባለፉት 3 ወራት ጊዜ ውስጥ የአልኮል መጠጥ ጠጥተው ነበር?	ሀ-አዎ ለ-አይደለም	መልሶ ለ ከሆነ ከ404-408 ያሉትን ጥያቄዎች ይዝለሉ

404	መጠጥ ለመጠጣት ብለው ፕሮግራም ይዘው ነበር	ሀ-በፍጹም አልያዝኩም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁልጊዜ	
405	ቶሎ ለመስከር/ነገሮችን ለመርሳት ብለው የተለየ የአጠጣጥ ስልት/ዘዴ አለዎት?	ሀ-በፍጹም የለኝም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁልጊዜ	
406	አንዴ መጠጥ መጠጣት ከጀመሩ ጠጡ ጠጡ ይሎታል/መጠጣት ማቆም ይከብዶታል?	ሀ-በፍጹም አይከብደኝም ለ-አንዳንድ ጊዜ ያስቸግረኛል ሐ-በተደጋጋሚ ያስቸግረኛል መ-ሁልጊዜ ያስቸግረኛል	
407	ከሚጠጡት የመጠጥ አይነት ይልቅ ትኩረት የሚሰጡት ከመጠጡ ለሚያገኙት እርካታ ነው?	ሀ-በፍጹም አይደለም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁልጊዜ	
408	የመጠጡ የእርካታ መጠን ሲቀንስ/የማዝናናትና ነገሮችን የማስረሳት አቅሙ ሲቀንስ ተጨማሪ ብዙ መጠጥ መጠጣት ያዘወትራሉ?	ሀ-በፍጹም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁል ጊዜ	
409	ባለፉት 3 ወራት ውስጥ አነቃቂ ንጥረ ነገሮችን (ማለትም እንደ ጫት፣ሽሻ፣ኮኪይን፣ማሪዋና የመሳሰሉትን) ተጠቅመው ያውቃሉ?	ሀ-አዎ ለ-አይደለም	መልሶ ለ ከሆነ ከ ቁጥር 410-414 ያለውን ይዝለሉ
410	አነቃቂ ንጥረ ነገሮችን ለመውሰድ ብለው የተለየ ፕሮግራም ይዘው ያውቃሉ?	ሀ-በፍጹም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁል ጊዜ	
411	የሚያገኙትን የማነቃቃት ሃይል ለመጨመር ብለው አነቃቂ ንጥረ ነገሮችን የሚወስዱበት የተለየ የአወሳሰድ ስልት አለዎት?	ሀ-በፍጹም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁል ጊዜ	
412	አንዴ አነቃቂ ንጥረ ነገሮችን መውሰድ ከጀመሩ ቶሎ ማቆም ይከብዶታል/ዝም ብለው መውሰድ ይቀጥላሉ?	ሀ-በፍጹም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁል ጊዜ	
413	ከሚጠቀሙት አነቃቂ ንጥረ ነገር አይነት ይልቅ ትኩረት የሚሰጡት ለሚያገኙት የማነቃቃት ሐይል ነው?	ሀ-በፍጹም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁል ጊዜ	

414	አየተጠቀሙ ያሉት ንጥረ ነገር የማነቃቃት ሃይሉ ሲዳከም ተጨማሪ ብዙ ንጥረ ነገር ይወስዳሉ?	ሀ-በፍጹም ለ-አንዳንድ ጊዜ ሐ-በተደጋጋሚ መ-ሁል ጊዜ	

ክፍል 5-ከአመለካከታዊ ጉዳዮች ጋር የተያያዙ መጠይቆች

ተ.ቁ	ጥያቄዎች	መልሶች	የሚታለፍ
501	በፍጹም ታታሪነት ከታገልኩኝ አስቸጋሪ ሁናቴዎችን በራሴ ጥረት ማለፍ እችላለሁ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
502	የፈለገ ሰው ቢቃወመኝ የፈለኩትን ነገር ለማግኘት የራሴ መንገድ አለኝ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
503	አላማዬን ለማሳካትና በአላማዬ ለመጽናት ለኔ በጣም ቀላል ነው፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
504	ያልተጠበቁና ያልተገመቱ ጉዳዮችን በብቃት የመወጣት ብቃት አለኝ	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
505	ያልተገመቱ ጉዳዮችን ለመወጣት ሃብቱም፣ ብልሃቱም፣ አቅሙም አለኝ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
506	አሰፈላጊውን ጥረት ካደረኩ አብዛኛውን ችግር መወጣት እንደምችል አምናለሁ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
507	አስቸጋሪ ጊዜ ሲገጥመኝ መረጋጋትን እመርጣለሁ ምክንያቱም ነገሩን አንደምወጣው እርግጠኛ ነኝ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	

508	ሁል ጊዜ ችግሮች ሲገጥሙኝ ብዙ መውጫ መንገዶችን አገኛለሁ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
509	ችግር ውስጥ ስሆን ሁልጊዜ መውጫ መንገዶችን አስባለሁ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
510	ምንም አይነት ሁኔታ ቢገጥመኝ ሁል ጊዜ በብቃት እወጣዋለሁ፡፡	ሀ-በፍጹም አልስማማም ለ-አልስማማም ሐ-እስማማለሁ መ-በትክክል እስማማለሁ	
511	ባለፉት 3 ወራት ውስጥ የገጠመዎትን ችግር እንዴት ተወጡት?	ሀ-መሀበራዊ ድጋፍ በማግኘት ለ-ከምንም ነገር በመታቀብ ሐ-ቤተሰቦን እርዳታ ሊያገኙበት ቦታ በመውሰድ መ-መንፈሳዊ ምክር በማግኘት ሠ-ዕድሎትን በማማረር	
512	ባለፉት 3 ወራት ከፍተኛውን ድጋፍ ሊያደርግሎት የነበረው ማን ነበር?	ሀ-ቤተሰብ ለ-ጓደኛ ሐ-ሌሎች ይጥቀሱ	
513	ባለፉት 3 ወራት ሊያገኙት የነበረው ምን አይነት ድጋፍ ነበር?	ሀ-መሰረታዊ ፍላጎት ላይ የተመሰረተ ለ-የገንዘብ ድጋፍ ሐ-ለራስዎት ጊዜ እንዲኖሮት በማድረግ መ-ለቤተሰቦ ጊዜ እንዲኖሮት በማድረግ	

514	በቀጣይስ ምን አይነት ድጋፍ ይፈልጋሉ?	ሀ-ለቀጣየይ ጉዞ የሚጠቅም ድጋፍ ለ-በጤናዎ መሻሻል ላይ ትኩረት ያደረገ ድጋፍ ሐ-በሰውነቱ ጥንካሬ ላይ ያተኮረ ድጋፍ መ-ቤተሰብ ላይ ያተኮረ መደጋገፍ ሠ-ለልጆ/ቾ ድጋፍ ረ-ምንም ድጋፍ አያስፈልገኝም	

12. Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been duly acknowledged.

Name of the student……..

Date……

Signiture

Name of Advisor……

Date…….

Signiture